## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: HEARTSONG ASSISTED LIVING (0010695)

Address: 415 EAST AVE, BELLEVILLE, WI 53508

**License Status: REGULAR** 

Licensed/Certified/Registered 04/01/2005

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History** 

Survey ID: 0093398 End Date: 10/04/2004 Type: INITIAL Purpose: SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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